



# State of New Hampshire

## 2012 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/27/2013

Business ID: 659982

William M. Gardner

Secretary of State

RIVAQUEST PARTNERS LLC

1660 N LASALLE ST #2103

CHICAGO, IL 60614

### ADDRESS OF PRINCIPAL OFFICE:

1660 N LASALLE ST #2103

CHICAGO, IL 60614

### REGISTERED AGENT AND OFFICE:

CARGILL, PETER

7 BARN RD

SPOFFORD, NH 03462

ENTITY TYPE: LLC

BUSINESS ID: 659982

STATE OF DOMICILE: NEW HAMPSHIRE

WEBSITE PROMOTING THE DENTAL INDUSTRY AND ITS  
PROFESSIONALS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 153 First Street, Melrose, MA 02176

☒ The new principal office address 153 First Street, Melrose, MA 02176

PO Box is acceptable.

### MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Peter Cargill Jr.

STREET 153 First Street

CITY/STATE/ZIP Melrose MA 02176

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

### MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Peter Cargill Jr.

STREET 153 First Street

CITY/STATE/ZIP Melrose MA 02176

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Peter Cargill Jr.

Please print name and title of signer: Peter Cargill Jr.

NAME

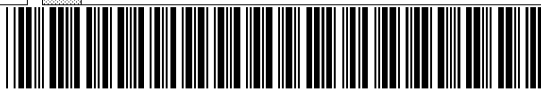
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MEMBER

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



065998220121500

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301